•									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10689249					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENT	אוני ב	OR	OTHER SMALL			
TOTAL CLAIMS			20					RATE		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			J o minus 20=		· •			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			mi	nus 3 =	Ø			X43=			OR	X86=			
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT						+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL 385		OR	TOTAL				
CLAIMS AS AMENDED - PART II								SMAL			OR	OTHER SMALL			
		(Column 1) CLAIMS		(Colum		(Column 3)		JAMEL		ADDI-	)   [		ADDI-		
AMENDMENT A		REMAINING AFTER		PREVIO	JUSLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL		
	Total	• G	Minus	PAID	20	= /		X\$ 9		/	OR	X\$18=			
	tnd pendent	• 3	Minus	***	3_	•		X43=			OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			OR	+290=			
(Column 1) (Column 2) (Column 3)									AL		25	TOTAL ADDIT, FEE			
									EE L			ADDII. FEE			
AMENDIMENT B		CLAIMS REMAINING		HIGH NUM	BER	PRESENT		RATE		ADDI- IONAL		RATE	ADDI- TIONAL		
		AFTER AMENDMENT		PREVIO PAID		EXTRA		TOATE	- 8 .	FEE		DAIL	FEE		
	Total	• 9	Minus	· 2	0_	-/		X\$ 9:			OR	X\$18=			
	Independent	• 3	Minus	ese C	S AIM	-/		X43=	-		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145	-		OR	+290=			
							B	TOT			OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	:  T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		B .		X\$ 9=	$\neg \vdash$		OR	X\$18=			
	Independent	•	Minus	***		•		X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=	$\dashv$			.200			
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR	+290= TOTAL			
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total OR ADDIT. FEE ADDIT. FEE ADDIT. FEE															
	ii une Trignest Nur The Thighest Nurr	mber Previously Pai iber Previously Pai	d For (Total o	Independi	ent) is the	highest number	er fou	nd in the	appro	priate bo	th co	tumn 1.			
FORM	PTO-875 (Rev. 10	VO31					Pate	ent and Tre	edemai	k Office, U	S. DE	PARTMENT CO	COMMERCE		